

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">09/938330</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/	/	/	/			53						
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48							98						
49							99						
50							100						
TOTAL IND.	5		4				TOTAL IND.						
TOTAL DEP.	1		5				TOTAL DEP.						
TOTAL CLAIMS	6		9				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

FORM PTO-1360 (REV. 3-78)

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